|  |  |  |
| --- | --- | --- |
| EED Logo - HiRes | **Parent Language Questionnaire**  **(Home Language Survey)** | |
|  | School District |
| This form is required by state and federal law. | |
|  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identification of students who may have limited proficiency in the English language enables the school to provide appropriate learning programs for the student. Please complete this form and return it to the school office as soon as possible. If you have questions or need help with the form, please contact: | | | | | | | | | | | | | | | | | |
| Name: |  | | | Phone: |  | | | Email: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Student Name:** | | |  | | | | | | | **Alaska Student ID #:** | | | | |  | | |
|  | | | (Last Name, First Name) | | | | | | |  | | | | |  | | |
| **Place of Birth:** | | |  | | | | **Date of Birth:** | | | | |  | **/** |  | | **/** |  |
|  | | |  | | | |  | | | | | Month |  | Day | |  | Year |
| **School:** | |  | | | | **Grade:** | | |  | | | **Gender:** | **□** Female **□** Male | | | | |

|  |
| --- |
|  |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part I: Student Language Background | | | | | | | | |
| What is the first language learned by the student? | | English | | Other |  | | | |
|  | |  | |  | *Specify* | | | |
| What language(s) does the student currently use in the home? | | English | | Other |  | | | |
|  | |  | |  | *Specify* | | | |
| Is this student participating in a student exchange program? | | Yes | | No |  | | | |
| When did the student first attend a school in the United States (if known)? | | | |  | | | / |  |
| Month | | |  | Year |
| Part II: Family Language Background (Please complete all columns) | | | | | | | | |
|  | **Mother/Guardian** | | **Father/Guardian** | | | **Other Significant Adult\* Relationship:** | | |
| 1. Home community and state |  | |  | | |  | | |
| 1. First language learned |  | |  | | |  | | |
| 1. Language(s) spoken **to the student** |  | |  | | |  | | |
| 1. Language(s) spoken **in the adult’s home** |  | |  | | |  | | |

|  |
| --- |
| \* Other significant adult could be a grandparent, aunt, uncle, daycare provider, etc. who has contributed to the student’s language development. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Part III: Parent Verification of Language Use (Please check appropriate box) | | | | | | | |
|  | **Non-English** | **Mostly Non-English /Some English** | **Both Equally** | | **Mostly English/Some Non-English** | | **English Only** |
| 1. When speaking with **family**, (s)he speaks: |  |  |  | |  | |  |
| 1. When speaking with **friends**, (s)he speaks: |  |  |  | |  | |  |
| Part IV: Parent/Guardian Signature | | | | | | | |
|  | | | |  | |  | |
| Parent/Guardian Signature: | | | |  | | Phone: | |
|  | | | |  | |  | |
| Printed Name: | | | |  | | Date: | |